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| PPLICATION NO.                                       | FILING DATE  | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO.         | CONFIRMATION NO |
|------------------------------------------------------|--------------|----------------------|-----------------------------|-----------------|
| 09/774,795                                           | 02/01/2001   | Travis Parry         | 10003180-1                  | 2625            |
| 7590 11/19/2004                                      |              |                      | EXAMINER                    |                 |
| HEWLETT-PACKARD COMPANY                              |              |                      | BULLOCK JR, LEWIS ALEXANDER |                 |
| Intellectual Property Administration P.O. Box 272400 |              |                      | ART UNIT                    | PAPER NUMBER    |
| Fort Collins, C                                      | O 80527-2400 |                      | 2127                        |                 |

DATE MAILED: 11/19/2004

Please find below and/or attached an Office communication concerning this application or proceeding.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Application No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Applicant(s)                                                                                                                                                                                                     |                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|
| Advisory Action                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 09/774,795                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | PARRY, TRAVIS                                                                                                                                                                                                    |                         |
| Advisory Action                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Examiner                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Art Unit                                                                                                                                                                                                         |                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Lewis A. Bullock, Jr.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 2127                                                                                                                                                                                                             |                         |
| The MAILING DATE of this communication appe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ars on the cover sheet with the c                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | orrespondence address                                                                                                                                                                                            |                         |
| THE REPLY FILED 01 November 2004 FAILS TO PLAC<br>Therefore, further action by the applicant is required to ave<br>final rejection under 37 CFR 1.113 may only be either: (1)<br>condition for allowance; (2) a timely filed Notice of Appeal<br>Examination (RCE) in compliance with 37 CFR 1.114.                                                                                                                                                                                                                                                         | oid abandonment of this application at the control of the control | ition. A proper reply to a notice places the application in                                                                                                                                                      |                         |
| PERIOD FOR RE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | PLY [check either a) or b)]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                  |                         |
| a) The period for reply expiresmonths from the mailing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                  |                         |
| b) The period for reply expires on: (1) the mailing date of this A no event, however, will the statutory period for reply expire I ONLY CHECK THIS BOX WHEN THE FIRST REPLY WAS 706.07(f).  Extensions of time may be obtained under 37 CFR 1.136(a). The fee have been filed is the date for purposes of determining the period of fee under 37 CFR 1.17(a) is calculated from: (1) the expiration date of (2) as set forth in (b) above, if checked. Any reply received by the Offic timely filed, may reduce any earned patent term adjustment. See 37 C | ater than SIX MONTHS from the mailing FILED WITHIN TWO MONTHS OF THe date on which the petition under 37 CFI of extension and the corresponding amount the shortened statutory period for reply the later than three months after the mail                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | g date of the final rejection. IE FINAL REJECTION. See MPEP R 1.136(a) and the appropriate exteunt of the fee. The appropriate exteurt of the fee. The appropriate exteoriginally set in the final Office action | nsion<br>nsion<br>n; or |
| 1. A Notice of Appeal was filed on Appellant's 37 CFR 1.192(a), or any extension thereof (37 CFF                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                  |                         |
| 2. The proposed amendment(s) will not be entered be                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ecause:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                  |                         |
| (a) $oxed{oxed}$ they raise new issues that would require further                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | er consideration and/or search (s                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | see NOTE below);                                                                                                                                                                                                 |                         |
| (b)  they raise the issue of new matter (see Note b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | elow);                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                  |                         |
| (c) they are not deemed to place the application in<br>issues for appeal; and/or                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | n better form for appeal by mater                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | rially reducing or simplifying                                                                                                                                                                                   | the                     |
| (d)  they present additional claims without canceling                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ng a corresponding number of fi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | nally rejected claims.                                                                                                                                                                                           |                         |
| NOTE: See Continuation Sheet.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                  |                         |
| $3.\square$ Applicant's reply has overcome the following reject                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ion(s):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                  |                         |
| 4. Newly proposed or amended claim(s) would canceling the non-allowable claim(s).                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | be allowable if submitted in a se                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | parate, timely filed amendme                                                                                                                                                                                     | ent -                   |
| 5. ☐ The a) ☐ affidavit, b) ☐ exhibit, or c) ☐ request for application in condition for allowance because:                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | dered but does NOT place th                                                                                                                                                                                      | е                       |
| 6. The affidavit or exhibit will NOT be considered becaraised by the Examiner in the final rejection.                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ause it is not directed SOLELY to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | o issues which were newly                                                                                                                                                                                        |                         |
| 7. For purposes of Appeal, the proposed amendment explanation of how the new or amended claims we                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                  |                         |
| The status of the claim(s) is (or will be) as follows:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                  |                         |
| Claim(s) allowed:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                  |                         |
| Claim(s) objected to:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                  |                         |
| Claim(s) rejected: <u>1-20</u> .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                  |                         |
| Claim(s) withdrawn from consideration:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                  |                         |
| 8. The drawing correction filed on is a) appr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | oved or b) disapproved by the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ne Examiner.                                                                                                                                                                                                     |                         |
| 9. Note the attached Information Disclosure Statemer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | it(s)( PTO-1449) Paper No(s).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 0 -                                                                                                                                                                                                              |                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | LEWIS A. BULLOCK, JR. ORIMARY EXAMINER                                                                                                                                                                           |                         |

Continuation of 2. NOTE: Applicant amended all of the claims such that the user inputs a set time for the operation after initiating the operation and delaying performance of the operation until after the set time. This requires further consideration and/or search.